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Bib Data Sheet

CONFIRMATION NO. 4647

SERIAL NUMBER 10750,416	FILING DATE 12/31/2003 RULE	CLASS 606	GROUP ART UNIT 3733	ATTORNEY DOCKET NO. 1671-0289
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APPLICANTS

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** CONTINUING DATA ***** *None*** FOREIGN APPLICATIONS ***** *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/01/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY DC	SHEETS DRAWING 12	TOTAL CLAIMS 41	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Mary J. Maginot</i> Examiner's Signature Initials				

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TITLE

External bone/joint fixation device

FILING FEE RECEIVED 1364	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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